



An Integrated Multi-agency Care Pathway for those Presenting in Frequent Crisis on the Railway

Flair Birch (Psychiatric Liaison Nurse), Tim Taylor (Psychiatric Liaison Team Manager), Ellen Hughes (Research Assistant) and Professor George Tadros (Clinical Director of Urgent Care)

Introduction

In 2014 there were 289 suicides on the rail network accounting for 4.7% of all suicides in the United Kingdom (Samaritans, 2015; British Transport Police (BTP), 2015).

We are the **British Transport Police NHS Psychiatric Liaison Team** based in Birmingham and are 1 of only 2 innovative teams in the United Kingdom (Birmingham and London) developed to prevent suicide on the rail network. The formation of a multi-agency joint working partnership between the British Transport Police and the NHS has information sharing and psychiatric liaison at its core, following principles set out in the Crisis Care Concordat (2014) and 'Preventing Suicide in England- 2 years on, (DoH, 2015). We are known as a street triage team but differ significantly to the traditional street triage scheme. Lord Bradley in his report 'The Bradley Report- 5 years on' said that:

'Street triage is an effective means of supporting those in crises'.

Bradley identified two components which he deemed essential for a successful street triage team namely

- (1) Immediate mental health expertise and
- (2) Immediate access to information on people known to services'.

The Bradley Report 5 years on (2014)

We cover a large geographical area which takes into account the Midlands; Wales and Western areas, and; the Pennines. Due to such a large area we are unable to act in a traditional street triage manner hence the use of telephone triage and liaison.

The Psychiatric Liaison Team liaises with a number of organisations and allows for the effective management of those presenting in crisis. Although those presenting in crisis may come to the attention of the team on one occasion only there is an ever growing number of service users presenting in frequent crisis on the railway (21% in December 2015). This has a number of costs including emotional delays and financial, and of course safety with an ever increasing risk of accidental suicide.



A number of mechanisms for multi-agency working between the NHS and British Transport Police include:

1. Psychiatric liaison - NHS; BTP; Home Office Police; Network Rail; Samaritans and other voluntary organisations.
2. Professional meetings
3. Use of Suicide Prevention Plan (SPP) joint working plan
4. Offender Management (BTP)- ABC; 'Top 10' offender manager
5. Briefings

We cover all age groups and liaise with CAMHS through to older adults. Operational hours: 9am-9pm, 7 days.

There have been a number of challenges during operation including a lack of information sharing between health organisations.



"Having NHS nurses in the department has had real benefits in terms of the professional advice and guidance that is available to officers dealing with incidents and police staff members within the team..."
(Haroon Khan, Research Co-ordinator BTP, 2015)

Methodology

Our work comprises two facets, firstly real time triage and secondly post-incident follow-up.

1. Real-time triage

Liaison with BTP officers to advise regarding the use of S136; sharing of information i.e. advise of GP details and if service user is known to the service give details regarding mental health; risks; care team involvement.

2. Post-incident follow-up

We liaise with and build relationships with a large number of NHS Trusts e.g. acute general hospitals and Mental Health facilities and work with our partners within the private sector. We liaise daily with a number of urgent care and inpatient care facilities.

- ⇒ GP letter - information sharing with GP regarding incident and request GP review.
- ⇒ Liaise and joint information sharing with organisations to ensure follow-up care is in place (i.e. Place of Safety; A&E; functional mental health teams; RAID).
- ⇒ Liaise with BTP; Home Office Police (custody suites) and Network Rail.
- ⇒ Contact with service user by telephone.
- ⇒ Sending information regarding positive mental health and Samaritans/Papyrus to service users.
- ⇒ Attendance at UK wide professionals meetings.

All Information is documented on a shared Suicide Prevention Plan (SPP) and may be used for information sharing to reduce risk at a further incident.

⇒ Liaise with BTP regarding those who frequently present in crisis but who are deemed to not have mental illness or those deemed to have mental capacity can be dealt with via the criminal justice route:

- ABC (Acceptable Behaviour Contracts);
- 'Top 10' offender management;
- Briefings;
- Caution by BTP officer;
- Prosecution.

Results and discussion

Information sharing is at the heart of what the team does. An information sharing agreement between BSMHFT and BTP is in place and we encourage information sharing by reiteration of Caldicott principles, however, this remains a challenge, particularly between health organisations. The difficulties in obtaining information from partner agencies include a lack of knowledge of guidance and staff fear of getting into trouble for inappropriate information sharing.

The team operates under a joint working protocol, there is some crossover of tasks between NHS and BTP personnel. There are always challenges when working across agencies with differing protocols and procedures.

The team has had a number of successes and was visited by Alistair Birt, Minister of State for Community and Social Care. In December 2015 the Psychiatric Liaison team in Birmingham followed up 80 incidents of attempted suicide/self-harm on the rail network of which 21% were known to the service. We wrote 73 GP letters (91% of follow-up cases) and made over 153 phone follow-up calls to partner organisations.

The overall results of the 2 projects is clear:

Prior to 2012 there were no means of managing and sharing information about suicidal people on the rail network, hence the commencement, in 2012, of the pilot. This resulted in 137 suicidal people being placed on a suicide prevention plan of which 5 (3.6%) went on to commit suicide. Since the commencement of the joint partnership between the NHS and BTP in 2014, 1156 people were placed on a suicide prevention plan of which 10 (0.9%) went on to take their own life. Sadly it is also clear that a significant majority of those who do commit suicide on the rail network are not known to the BTP.

References

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